



City of San Diego  
**Development Services**  
 1222 First Ave., MS-401  
 San Diego, CA 92101-4154  
 (619) 446-5400

# Application for Unreasonable Hardship Exception to Disabled Access Requirements

Please print legibly or type.

February 2004

Project Address	Plan File Number
Owner	Telephone <i>Include Area Code</i>
Applicant	Telephone <i>Include Area Code</i>

It is requested that the above named project be granted an exception from the accessibility requirements of the 2001 California Building Code, as specifically noted below.

**A. Section 1134B General Exception** Applicable to existing buildings where the construction cost at this tenant space over the last three years does not exceed the valuation threshold amount. The specific accessibility features that create a hardship may be exempted but not all the accessibility features. The area of alteration itself may not be exempted.

Valuation Threshold Amount  
**\$101,199.58**  
 Value for January 2004

Access Features Item Provide description below	Does this feature meet the latest edition of Title 24?	If not, is this feature going to be made accessible as part of this permit?	If so, cost of making feature accessible? Attach documentation
1. Path of travel to entrance	_____	_____	\$ _____
2. Entrance	_____	_____	\$ _____
3. Path of travel within building/facility to area of remodel	_____	_____	\$ _____
4. Elevator	_____	_____	\$ _____
5. Sanitary facilities	_____	_____	\$ _____
6. Public Telephones <i>If provided</i>	_____	_____	\$ _____
7. Drinking fountains <i>If provided</i>	_____	_____	\$ _____
8. Other (Parking, signage, etc.) <i>Specify</i>	_____	_____	\$ _____
<b>Total cost of access features provided (A)</b>			\$ _____
<b>Total cost of construction of this project and all other work performed over the last 3 years in this tenant space (B)*</b>			\$ _____
<b>Percentage of total cost of project (20% minimum): <math>(A \div B) \times 100</math></b>			% _____

Description of access features to be provided

Alterations performed over the last three years in this tenant space. Include in total valuation B above unless 20% of valuation of individual remodel has already been expended on access feature (provide documentation).

Permit Number	Date	Description	Valuation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This information is available in alternative formats for persons with disabilities.  
 To request this information in alternative format, call (619) 446-5446 or (800) 735-2929 (TT)

**B. Specific Exceptions**      **Do not use this portion if part A has been completed**

This part is generally used for remodels exceeding the threshold amount and where Title 24 provides an exemption from specific accessibility features.

Exceptions Requested

Code Section/Exception

Cost of Making Features  
Accessible *Attach Documentation*

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
<b>Total \$</b>		_____

Description

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The cost of all construction contemplated is \$ \_\_\_\_\_

The access feature increases the cost of construction by *Percentage of construction cost* \_\_\_\_\_

The impact on financial feasibility of the project, if the requested exception is not approved is \_\_\_\_\_

The facility is used by the general public for the purpose of \_\_\_\_\_

**The following individuals provided information listed above**

Architect/Designer			Owner/Tenant		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Signature Required		Date	Signature Required		Date

**For City Use Only**

Date Received	Received by
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Findings and decisions of the Enforcing Official

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ **Request Granted**

☐ General Unreasonable Hardship Exception request is approved based on Section 1134B.2.1 of the California Building Code Access features.

listed in part A of this form shall be provided as part of this permit.

☐ Specific Exception(s) request is approval based on Section(s) \_\_\_\_\_. All other access features

☐ Ratification required. This decision must be ratified by the Board of Building Appeals and Advisors. An application must be completed

☐ \_\_\_\_\_

**Request denied.** If you disagree with this determination, you may seek an appeal through the Board of Building Appeals and Advisors.

Name of enforcing official *Please print*

Signature of enforcing official

Date